

Enhance Your Pharmacy Performance

Performance Tips from a Fellow *Good Neighbor Pharmacy* Owner

Series 2

Synchronization: A Medication Adherence
and Pharmacy Workflow Solution



Presented By
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Moundville Pharmacy



Today's Speaker



Jason Turner, PharmD

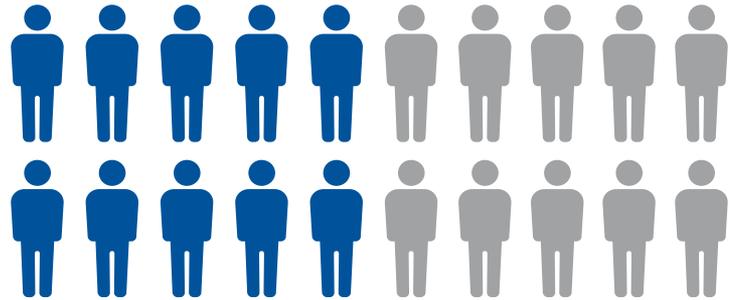
- Owner – Moundsville Pharmacy, Moundsville, WV
- *Good Neighbor Pharmacy* Member

Synchronization: A Medication Adherence and Pharmacy Workflow Solution



- Review key points on medication adherence and adherence-related quality measures.
- Describe the fundamentals of a synchronization program.
- Discuss the impact a synchronization program will have on the patient and the pharmacy.
- Discuss options in popular synchronization solutions.
- Identify the challenges of implementing a synchronization program.
- Set achievable goals in implementing and expanding a synchronization program.

Evidence for Better Adherence



50% of patients

in your pharmacy
suffer from a chronic condition

98%



of all **Drug Spending**

86%



of all **Healthcare costs**

By 2020, it is estimated that **157 MILLION** Americans will be affected by a **chronic condition**, further exposing the **risks and the impact of non-adherence**.



Sokol MC, McGuigan KA, Verbrugge RR, Epstein RS. (2005, June). Impact of medication adherence on hospitalization risk and healthcare cost. *Medical Care*. 43:521-530.



TABLE 2. Disease-Related Healthcare Costs and Hospitalization Risk at Varying Levels of Medication Adherence

Condition	Adherence Level	N	Medical Cost (\$)	Drug Cost (\$)	Total Cost (\$)	Hospitalization Risk (%)
Diabetes	1-19	182	8812*	55	8867	30*
	20-39	259	6959*	165	7124	26*
	40-59	419	6237*	285	6522	25*
	60-79	599	5887*	404	6291	20*
	80-100	1801	3808	763	4570	13
				F = 36.62 [†]	F = 88.57 [†]	
Hypertension	1-19	350	4847	31	4878	28*
	20-39	344	5973*	89	6062	24*
	40-59	562	5113	184	5297	20*
	60-79	921	4977	285	5262	15*
	80-100	5804	4383	489	4871	11*
				F = 46.44 [†]	F = 171.98 [†]	
Hypercholesterolemia	1-19	167	6810*	78	6888	28*
	20-39	216	4786*	213	4999	24*
	40-59	324	3452	373	3825	20*
	60-79	520	4938*	603	5541	15*
	80-100	1754	3124	801	3924	11*
				F = 18.99 [†]	F = 320.08 [†]	
			Adj. r ² = 0.18	Adj. r ² = 0.36		
			Adj. r ² = 0.13	Adj. r ² = 0.37		
			Adj. r ² = 0.10	Adj. r ² = 0.65		

Evidence for Better Adherence



Charles Everett Koop

October 14, 1916 – February 25, 2013

An American pediatric surgeon and public health administrator. He was a vice admiral in the Public Health Service Commissioned Corps, and served as the 13th Surgeon General of the United States under President Ronald Reagan from 1982 to 1989.

According to the Associated Press, "Koop was the only surgeon general to become a household name."

“Medications do not work in patients who do not take them.”

Adherence Matters!

Defining Adherence in the Pharmacy



- **Adherence:** the extent to which patients take medications as prescribed by their healthcare providers
 - Multiple studies have referenced **80% adherence** as the threshold at which patients **receive benefits from chronic medications to improve outcomes** and **reduce the risk of complications**.

What does Adherence look like to the patient and pharmacy?

- Medication use a minimum of **6 of the 7 days of the week**
- A 30-day supply filled a minimum average of **every 37 days**
- A 30-day supply filled a minimum of **10 times each year**

That's Happening, Right?

Medicare Star Ratings System

D11 High Risk Medications

D12 Medication Adherence for Diabetes

D13 Medication Adherence for Hypertension

D14 Medication Adherence for Cholesterol

D15 MTM Program Completion Rate for CMR



Medication Adherence Summary



2016 Adherence Summary

Diabetes Medications	77%
Hypertension Medications	79%
Cholesterol Medications	75%

An average of **77%** of patients
ARE a minimum of 80% adherent

An average of **23%** of patients
ARE NOT at least 80% adherent

In other words, nearly **1 in 4** of the chronically ill patients that visit YOUR pharmacy is **at increased risk** for complications and increased health care costs **due to less than optimal adherence.**

Understanding Non-Adherence



- **Non-Adherence:** the outcome of a variety of factors, both **intentional** and **unintentional** AND both **tangible** and **intangible**, resulting in overuse or underuse of a medication
 - Our focus is on the underuse of medications, which begins with less than optimal frequency of prescriptions refills of chronic medications.

What does NON-Adherence look like to the patient and pharmacy?

- Medication use less than **6 of the 7 days of the week**
- A 30-day supply filled less often than **every 37 days**
- A 30-day supply filled a less than **10 times each year**



Understanding Barriers to Adherence

- **Forgetfulness**
 - Forget to take medications
 - Forget to call refills to pharmacy
 - Forget to pick up medications

- **Weather**
 - Too hot, too cold, too humid
 - Too much rain, too much snow

- **Transportation**
 - No Transportation
 - Limited Transportation

- **Cost of Medication**
 - Medication too expensive
 - Budgeting medication costs

- **Complex Drug Regimen**
 - Difficulty organizing medications
 - Intimidation or difficulty with technology (IVRs)

Your Pharmacy
Has the Solution!

SYNCHRONIZATION

Medication Synchronization

A Strategy for Better Adherence

- Fundamentals of Synchronization
- Identify the Impact
- Review Program Option

Medication Synchronization Fundamentals



- **Patient Definition**

Medication synchronization is the process of coordinating ALL of a patient's chronic medications to be filled at the same time each month

- **Pharmacy Definition**

An opportunity to change the way your pharmacy processes prescriptions in workflow, schedules your staff, interacts with patients, and manages your pharmacy and inventory

Medication Synchronization

Identify the Impact

- Patient Impact
- Pharmacy Impact
- Financial Impact
- Performance Impact

Patient Impact



▪ Better Patient Health

- Synchronization develops **improved adherence**
- Better adherence = **better outcomes & reduced risk**
- **Healthier patients**

▪ Patient Satisfaction

- Simple, Convenient, Less Worry, No Wait

▪ LESS NEGATIVE pharmacy interactions

- *“I’m sorry, you are out of refills and your doctor is not in”*
- *“That’s a prior authorization this month, we are waiting on your doctor”*
- *“We didn’t have enough of your medication today...”*

▪ MORE POSITIVE pharmacy interactions

- *“We have ALL of your medications ready for your to pick up at your convenience”*
- *“I noticed it had been awhile since you refilled your inhaler, would you like us to fill that today?”*

Pharmacy Impact



■ Improved Pharmacy Efficiencies

- Reduced Incoming Phone Calls
- Less Patients Waiting for Refills
- Less Accesses to the Patient Profile
- Reduced Patient Checkouts
- Consolidated Deliveries or Mailings

■ Improved Workflow

- More Organized Pharmacy Team
- Designated Processes, Tasks, and Responsibilities
- Scheduled Time for Prescription Processing

Financial Impact



▪ **More Prescriptions per Patient**

- NCPA reported an overall lift of 20 prescriptions per patient enrolled in a synchronization program
- NCPA reports reduced first-fill abandonment

▪ **Lower Expenses per Prescription**

- Better efficiencies lead to cost effective expenses

▪ **Improved Inventory Management**

- Reduced high dollar items on shelves

▪ **Effective Scheduling of Staffing**

- Effective workflow models and task responsibilities



Performance Impact

- **Scheduled Time for MTMs**
- **Focus on Clinical Quality Measures**
- **Five Star OR Top 20% Performance**
- **Higher Performance Bonus**
- **Leverage for Third-Party Contracts**
- **Additional Opportunities**
 - Immunizations
 - OTC Recommendations
 - DME

Medication Synchronization

Reviewing Program Options

- Dispensed Days Supply
- Daily Workflow Schedule
- Manner and Timing of Patient Call
- Vial or Compliance Packaging
- Appointment or Non-Appointment Based Models
- Paper-Driven, Software-Driven, Platform-Driven

28 Day vs 30 Day Cycles

■ 28 Day Cycles

- Allows for simple scheduling
- One more refill per year at a minimal dispensing fee
- One more delivery for pharmacy, one more copay for patient
- Popular with appointment based models, however 13 appointments per year
- Popular with some compliance packaging

■ 30 Day Cycles

- Allows for simple scheduling
- Standard of prescribing
- Maximum return for each fill
- Maximizes insurance benefit for patient copays
- Feasible with appointment-based models
- Popular with some compliance packaging

Daily vs Scheduled



▪ Daily Workflow

- Process begins on a rolling 3 to 7 days in advance of their synchronization date
- Requires daily attention and staff scheduled to perform the synchronization processes
- Popular with software-driven and platform-driven models because it creates a programmable algorithm

▪ Scheduled Workflow

- Process begins 3-7 days in advance in advance of their synchronization date
- Requires scheduled attention and staff to perform the synchronization processes
- Flexible to holidays, staffing considerations, etc

Patient Call



▪ When is the Call to the Patient?

- PRE-Call
 - > Review medications prior to refilling
 - > May be necessary for compliance packaging
- POST-Call
 - > Review when prescriptions are complete
 - > May result in some returns to stock
- NO-Call
 - > Scheduled pick-ups
 - > Appointment-based models

▪ Who Makes the Call?

- Automation, technician, pharmacist

Vial or Compliance



▪ Vial Dispensing

- Option of pre-call or post-call
- Evaluate costs and labor in packaging
- Integrates with existing automation

▪ Compliance Packaging

- May require pre-call
- Additional time/space in packaging
- Evaluate costs and labor in packaging
- May address additional barriers to adherence
- Options of simple “as needed” packaging to automated packaging technology

Appointment Based?



▪ Appointment Based

- In-person patient interaction every month
- Designated pick-up date or delivery date
- Estimated 5 to 15 minutes per interaction
- Scalability?

▪ Non-Appointment Based Model

- Adherence counseling as identified
- Intervention counseling as identified
- Flexibility in pick-up date
- Scalability?

Models for Documentation



▪ Paper-Driven

- Simple and easy to train to ANY staff
- Time efficient when leveraged with technology
- Integrates with ANY pharmacy software

▪ Software-Driven

- May already be included in your software
- Requires software training to ALL staff
- Software algorithm may not be flexible to pharmacy needs

▪ Platform Driven

- Requires separate subscription
- May be able to integrate with pharmacy software
- May require documentation in both third-party and software system

Models for Documentation



■ Paper-Driven

- Simplify My Meds® - NCPA
- SyncRx® - Pharmacy Development Services

■ Software-Driven

- Check with your pharmacy software vendor

■ Platform Driven

- StarWellness - Prescribe Wellness
- Time My Meds® - Ateb
- *Many others...*

Elevate Advanced
Features members
can enroll in
StarWellness at a
preferred price

Set Achievable Goals

To Enhance Pharmacy Performance



Develop A Plan

Offer Solutions

Market Your Program



Develop A Plan



- **Review your current process/options**
 - Review the options and decide what appeals to you
 - Discuss how much technology you want in your program
 - Consider what will be trainable & sustainable to your team
 - Evaluate what is going to meet the needs of the patients

- **Set a training date and set goals**
 - What impact do we want to have on our pharmacy
 - Create a vision for the future pharmacy workflow
 - Train the staff on the processes and procedures

- **Enroll and expand your sync program**
 - Set quarterly enrollment goals with incentives

- **Create checkpoints for progress!**
 - Relate your performance reports to your sync program
 - Adjust processes, workflow, and staff as needed

Develop A Plan

Offer Solutions

Market Your Program



Offer Additional Solutions



- Adherence Counseling
- Will Call Reminders
- Medication Administration Records
- Compliance Packaging
- Prescription Delivery
- Monthly Billing
- Literature or Information

**Not every
solution will be
right for every
patient**

**Patients may
require a
combination of
solutions**

**Patients are
depending on
you to find the
solution**

Develop A Plan
Offer Solutions

Market Your Program



Market Your Program



- Press Releases
- In-Store Signage, Bag Stuffers
- Television, Radio, or Billboard Ads
- Community Talks
- Provider Visits

**Independent Pharmacy
Can Lead Adherence
With Synchronization**

**Now is the Time
To Market the Advantage
of Getting Prescriptions
at YOUR PHARMACY**

Moundsville Pharmacy



- **Started Synchronization in 2013**
- 2013 Monthly Volume: **7300**
- Currently: **830** patients enrolled = **55% of Rx Volume**
- Process Syncs on Mondays; “Clean Up” on Tuesdays; and Delivery on Wednesday
- **Paper-and-pencil model** combined with automation and the leverage of technology to achieve maximum efficiency
- Five Star OR Top 20% Performance
- Recognized by OutcomesMTM as “**Top MTM Center in WV**” in 2014 and completed **90% of Mirixa CMRs in 2015**
- Experienced **22% increase in RX Volume** in past 2 years
- Monthly Volume: **8800**
- **In Fall 2014, purchased a second location...**

Sistersville Pharmacy



- **Started SyncRx in January 2015**
- Monthly Volume: **3400**
- Currently: **315** patients enrolled = **54% of Rx Volume**
- Process Syncs on Mondays, Wednesdays, and Fridays
- **Paper-and-pencil model** combined with automation and the leverage of technology to achieve maximum efficiency
- Five Star OR Top 20% Performance
- Experienced **11% increase in RX Volume** in past year
- Monthly Volume: **3750**

Question



- When synchronization has remodeled when and how you fill prescriptions, what will you focus on next?

Answer: **High Risk Medications & Medication Therapy Management**

- **Series 3**

High Risk Medications:

Best Practices in Addressing Use with Patients

- **Series 4**

Medication Therapy Management: An Opportunity to Engage

Check your email for upcoming dates and times

Questions?

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Thank You



- Please complete our survey:
<https://www.surveymonkey.com/r/SynchWebinar>
- **Series 3 – May 17th & 19th**
High Risk Medications: Best Practices in Addressing Use with Patients
- Check your email for upcoming dates and times
- GoodNeighborPharmacyEvents.com
- ThoughtSpot 2016
 - July 27-30
 - MGM Grand, Las Vegas
 - Thoughtspot2016.com



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Where knowledge,
reach and partnership
shape healthcare delivery.